



MCEA candidates must complete this form every election cycle if they want electronic funds transfer.

State of Maine

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT SERVICES

TO: DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
ATTN LYNN WARE
74 STATE HOUSE STATION
AUGUSTA , MAINE 04333-0074

Phone # 207-624-7393 Fax # 207-287-4044

You are hereby authorized to electronically transfer payments to the following:

(Please submit a voided check or deposit slip from your account for verification)

_____ Name of Financial Institution		_____ Account Number	
Type of Account: _____ Checking		_____ Savings	
_____ Name on Account		_____ Transit/ABA Number	
_____ Financial Institution Address	_____ City	_____ State	_____ Zip Code

for deposit to my/our account and I/we authorize the Agency to initiate credit entries and debit entries (to make corrections) to my/our account at the above named financial institution. Each deposit so made (after any necessary corrections) will be full payment of the amount then due and payable to me/us. I/we agree to notify the Agency's offices immediately upon discovery of any errors resulting from transactions under this authorization and to notify the Agency's offices of any changes that may affect these instructions or the Agency's ability to rely upon them. This authorization may be canceled by me/us at any time by so notifying the Agency in writing. In authorizing the above services to be provided to me/us, I/we agree to hold the Agency and the State of Maine harmless from any and all loss, cost, damage or expenses I/we may suffer as the result of errors in deposits, credit entries or debit entries caused by persons who are not employees of the Agency or the State of Maine.

_____ Signature of Payee (Benefit Recipient) or Authorized Agent	_____ Date	_____ Social Security # of Payee or Firm's Tax Identification Number	
_____ Address	_____ City	_____ State	_____ Zip Code
_____ Title of Authorized Agent	Contact Person: Name: _____ Phone#: _____		

(Please print in ink or type all requested information and notify us **in writing** when there is a change in your name, address, authorized agent, bank account number, etc.) **AN INCOMPLETE FORM WILL NOT BE PROCESSED.**